

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

28606

1. PLACE OF DEATH

County Vermon

Registration District No. 874

Township Harrison

Primary Registration District No. 6159

City Gloria (No. Ann)

St. Weaver Ward

2. FULL NAME

(a) Residence, No. 3

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 9, 1930

7. AGE YEARS 2 MONTHS 10 DAYS 4 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Glenn Weaver

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Naomi Whiteside

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Glenn Weaver
Indiville, Mo. R. F. D. 4

18. BURIAL, CREMATION, OR REMOVAL PLACE Belbarn Cemetery DATE Aug 6, 1933

19. UNDERTAKER (ADDRESS) Allen V. Taylor
Nevada, Mo.

20. FILED 8-10-1933 H. B. Carter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-5-1933

22. I HEREBY CERTIFY, That I attended deceased from 8-4-1933, to 8-5-1933

I last saw her alive on 8-5-1933 Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

Ills-Calities

Date of onset 7-29-33

12013 11913

Other contributory causes of importance:

Name of operation none Date of 1933

What test confirmed diagnosis? NO Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? NO Date of injury 1933

Where did injury occur? NO (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury NO

Nature of injury NO

24. Was disease or injury in any way related to occupation of deceased? If so, specify NO

(Signed) H. D. Comb, M. D.

(Address) Brownburg, Mo.

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